



October 29, 2014

Indiana Department of Environmental Management Compliance and Enforcement Branch, Office of Air Quality 100 N. Senate Avenue MC 61-53 IGCN 1003 Indianapolis, IN 46204-2251



RE:

TITLE V Air Reports

Quarterly Deviation Report 3rd Quarter 2014

Tradebe Treatment and Recycling LLC Title V Permit No: T089-29424-00345

East Chicago, Indiana

To Whom It May Concern:

Enclosed please find the Quarterly Deviation Report for the 3rd quarter of 2014 for Tradebe Treatment and Recycling, LLC in East Chicago Indiana (Title V permit No. T089-29424-00345).

Should there be any questions regarding these documents, please contact me at (219) 397-3951 or email me at Tita.Lagrimas@tradebe.com.

Sincerely,

Tradebe Treatment and Recycling, LLC

Tita LaGrimas

Executive Vice President, Regulatory Affairs

Enclosures

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Tradebe Treatment and Recycling LLC East Chicago, Indiana Permit Reviewer: Heath Hartley

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH **PART 70 OPERATING PERMIT CERTIFICATION**

Source Name:

Source Address:

Tradebe Treatment and Recycling LLC 4343 Kennedy Avenue, East Chicago, Indiana 46312

Part 70 Permit No.:

T 089-29424-00345

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.		
Please check what document is being certified:		
□ Annual Compliance Certification Letter		
□ Test Result (specify)		
Report (specify)	2014 Third Quarter Deviation Report	
☐ Notification (specify)		
☐ Affidavit (specify)		
□ Other (specify)		

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true , accurate, and complete.			
Signature:			
Printed Name:	Tita LaGrimas		
Title/Position:	Executive Vice President Regulatory Affairs		
Phone:	219-397-3951 Ext: 2352		
Date:	10/29/14		

Tradebe Treatment and Recycling LLC East Chicago, Indiana Permit Reviewer: Heath Hartley

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH **PART 70 OPERATING PERMIT** QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT

Source Name:

Tradebe Treatment and Recycling LLC

Source Address:

4343 Kennedy Avenue, East Chicago, Indiana 46312

Part 70 Permit No.:

T 089-29424-00345

Months: July to September Year: 2014				
	Page 1 of 2			
This report shall be submitted quarterly based on a requirements of this permit, the date(s) of each deventhe response steps taken must be reported. A devia applicable requirement that exists independent of the schedule stated in the applicable requirement and a Additional pages may be attached if necessary. If marked "No deviations occurred this reporting periods."	iation, the probable cause of the deviation, and ation required to be reported pursuant to an the permit, shall be reported according to the does not need to be included in this report. The deviations occurred, please specify in the box			
X NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.				
☐ THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD				
Permit Requirement (specify permit condition #)				
Date of Deviation:	Duration of Deviation:			
Number of Deviations:				
Probable Cause of Deviation:				
Response Steps Taken:				
Permit Requirement (specify permit condition #)				
Date of Deviation:	Duration of Deviation:			
Number of Deviations:				
Probable Cause of Deviation:				
Response Steps Taken:				

Tradebe Treatment and Recycling LLC East Chicago, Indiana Permit Reviewer: Heath Hartley

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Page 2 of 2 Permit Requirement (specify permit condition #) **Duration of Deviation:** Date of Deviation: Number of Deviations: **Probable Cause of Deviation:** Response Steps Taken: Permit Requirement (specify permit condition #) **Duration of Deviation:** Date of Deviation: **Number of Deviations: Probable Cause of Deviation:** Response Steps Taken: Permit Requirement (specify permit condition #) **Date of Deviation: Duration of Deviation: Number of Deviations: Probable Cause of Deviation:** Response Steps Taken: Form Completed by: Tita LaGrimas

Executive VP Regulatory Affairs

Title / Position: _

Date:

Phone: ____

10/29/14

219-397-3951 EXT: 2352

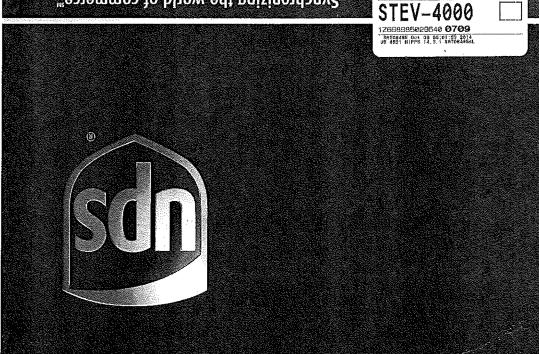


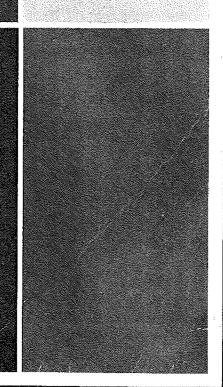
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10/29/2014